



# MICROFORM TRANSMITTAL AND RECEIPT STATE AGENCY

State Form 52408 (10-05)

INDIANA COMMISSION ON PUBLIC RECORDS / INDIANA STATE ARCHIVES

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Complete form and send to:

Indiana Commission on Public Records  
100 North Senate Avenue, Room N055  
Indianapolis, IN 46204

Telephone : 317-233-3746

Fax: 317-233-0908

Commission's Web Page: <http://www.in.gov/icpr/>

## Instructions and Guidelines for Transferring Microform Records

- USE A SEPARATE FORM FOR EACH RECORD SERIES.**
- This form is to be used only for the transfer of records on any type of Microform. "Microform" means any type of microfilm, microfiche, or Computer Output Microfiche (COM).*
- Complete and send this form to the Indiana Commission on Public Records (ICPR) before sending the microform records. The ICPR will not accept any microform records without prior approval of this transmittal form. An approved copy of this form must accompany the microform shipment.*
- Microform records transferred to the Indiana State Archives on an approved retention schedule must have a Record Series Number. Microform records not on an approved retention schedule will be accepted or rejected on a case by case basis.*
- By signing this form, a state agency transfers ownership of the microform records to the ICPR. See IC 5-15-5.1-11.*
- Any microform record transferred to the Archives is considered to be a permanent record. The microform records must therefore meet the standards outlined in 60 IAC 2. The state agency is required to use acid free boxes. The state agency must label the boxes using State Form 36074, which can be ordered from the ICPR, Micrographics Division.*
- The state agency must verify the completeness and legibility of the records on the microform and must provide an inventory of the records on the microform.*

Name of state agency		Name of division of state agency	
Record series title		Record series number	
Total number of rolls or fiche sheets in shipment	Roll numbers From: To:	Inclusive dates of records filmed (month, day, year) From: To:	

## AUTHORIZATION TO TRANSFER MICROFORM RECORDS (to be filled out by the state agency or county)

Signature of records coordinator	Printed name of records coordinator		Date signed (month, day, year)
Address (number and street, city, state, ZIP code)	Telephone number ( )	Fax number ( )	E-mail address
Signature of person shipping microform records, if different	Printed name and title of person shipping microform records, if different		Date signed (month, day, year)

## RECEIPT OF MICROFORM RECORDS (ICPR use only)

The transfer of the microform records is <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected. If rejected, state the reasons:		
Signature of ICPR employee authorizing transfer	Printed name of ICPR employee	Date signed (month, day, year)
Signature of Archives employee receiving microform records	Printed name of Archives employee	Date signed (month, day, year)

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Name of state agency		Name of division of state agency	
Record series title		Record series number	
Total number of rolls or fiche sheets in shipment	Roll numbers	Inclusive dates of records filmed ( <i>month, day, year</i> )	
	From:                      To:		

**Start / End:** This could be dates, names, case numbers, etc.

[illegible]